



**BAPTIST MISSIONARY ASSOCIATION
THEOLOGICAL SEMINARY**

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STUDENT RECORDS PRIVACY

Without a signature, current address, phone number, date and social security number this request will **not** be processed.

Lifetime members of the Alumni Association receive transcripts at no charge. All others must pay \$5.00 per transcript, whether official or unofficial. Payment must be made before the request will be processed. Please include how many of each type of transcript you would like and any other information in the comments section.

I, the undersigned, request:

___ that I be permitted, with proper supervision, to view my education records.

___ that an official copy of my transcript be released to the following:

___ that an unofficial copy of my transcript be released to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Current Student Information:

Printed Name: _____

SS# _____ - _____ - _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Additional Comments: _____